

GENERAL DURABLE POWER OF ATTORNEY

STATE OF MISSISSIPPI
COUNTY OF Desoto

KNOW ALL ME BY THESE PRESENTS:

That I, Johnny Tate of Desoto County, Mississippi, being of sound mind and memory, do hereby make, constitute and appoint Mary Ellen Barnes as my true and lawful agent and attorney in fact (hereinafter sometimes called "my agent"), with full power and authority to act for me, individually, and in my name, place and stead, with reference to the transaction of any and all business, do any and all things, exercise any discretion, and execute and deliver any and all conveyances and other documents of whatsoever kind and character, in or about or with respect to any and all matters and things concerning me or my property, real or personal or mixed, or affairs, as fully and completely as I might lawfully do if present and acting in person with full power of substitution or revocation, and to have all powers and rights that I now possess or may possess hereafter with respect to all of my property.

Without intending in any manner to limit or diminish the foregoing powers granted to my agent, but intending to expand or enlarge upon the same, I specifically authorize and empower my agent, to:

1. Forgive, request, demand, sue for, collect, receive, hold, purchase, invest and re-invest in, transfer, sell, convey, pledge all sums of money, dues, commercial paper, checks, drafts, deposits, legacies, bequests, devises, notes, interest, stock certificates, bonds (including "Bearer Bonds"), dividends, certificates of deposit, annuities (private and public), pension, profit sharing, retirement, social security, disability, insurance and other contractual benefits and proceeds, all documents of title, all property, real or personal, intangible and tangible property and property rights, and demands whatsoever, liquidated, now or hereafter owned by me, or due, owning, payable or belonging to me or in which I have or may hereafter acquire an interest;
2. Make, execute and deliver, in my name and on my behalf, for any consideration whatsoever, for cash or on a deferred payment plan, instruments of conveyance covering real, personal or mixed properties owned or claimed by me, wherever situated, containing such terms, covenants and conditions deemed necessary or advisable by my agent;
3. Manage, maintain, repair, improve, invest, insure, rent, lease, encumber, and in any manner deal with any real or personal property owned by me, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, in my name or for my benefit, enter into any lease agreement or contract for sale or repair of said property with the right to collect all rents or other funds which may be due from said property or properties, including but not limited to the execution of oil, gas and mineral leases, related contracts, agreements and division orders and collection of rents, bonuses and royalties on same, all upon such terms and conditions as my agent shall deem proper;

Prepared by
* Mary Ellen Barnes
4335 Mary Jane Dr
Olive Branch MS 38654
662-895-9865

4. Receive, receipt for, deposit, withdraw and execute, and endorse checks and drafts thereon, in my name and on my behalf, from any bank or any other financial institution, or any investment or brokerage firm or credit union, funds, owned or claimed by me and which are on deposit in my name, including but not limited to negotiating certificates of deposit in my name in banks, savings and loan associations and other institutions and the execution of any papers or documents with the Federal Social Security Administration and/or any other governmental agency, county, state or federal; and to receive and receipt for every sum of money which is now or hereafter shall be due or belonging to me;

5. Have access at any time or times to any safe deposit box rented by me, wheresoever located, and open, enter into and remove, in my name and on my behalf, from any safe deposit box registered in my name, or jointly in my name, located in any bank or any other financial institution, all or any part of the property or contents contained therein, with the further right and power, in my name and on my behalf to sell or otherwise dispose of such property, and to surrender or relinquish said safe deposit box. Any institution in which any such box may be located shall not incur any liability to me or my estate as a result of permitting my agent to exercise this power;

6. Execute, in my name and on my behalf, such contracts or other assurances as may be requested or required by any bank or other institution or individual when carrying out the powers granted herein; and prepare, execute and file in my name joint or separate federal and state tax returns, declarations of estimated tax for any year or years and related forms on my behalf and make any other related elections related thereto deemed necessary by my agent, including but not limited to federal gift tax returns on my behalf; to consent to any gift and to utilize any gift splitting provisions or other tax elections, including the authority to disclaim any assets otherwise passing to me; and to prepare, execute and file any claims for refund or any tax; and to transfer or convey any assets on a "net gift" basis if deemed advisable by my agent;

7. Acquire, purchase, exchange, gift, buy or sell options to buy or sell and convey real or personal property, tangible or intangible, or any interest therein, on such terms and conditions as my agent shall deem proper. Execute and deliver, in my name and on my behalf, conveyances of real or personal property including, but not limited to my homestead, for any consideration or gifts to my wife, children and/or their issue without consideration, of any such real or personal property owned by me at any time, including the execution of promissory notes and deeds of trust and including instruments necessary to purchase real or personal property in my name, as well as the execution or release of such deeds of trust or other security agreements as may be necessary or proper in the exercise of the rights and powers herein granted;

8. Execute in my name and on my behalf such medical insurance forms, including but not limited to Medicare and Medicaid claim forms, and other medical, hospitalization or health insurance forms as may be requested or required on my behalf, including admittance and release forms and authorizations for treatment of any kind; and to make any and all health care decisions for me if I be unable to give informed consent with respect to any given health care decision; and shall have all those powers and rights which are provided by the Durable Power of Attorney For

Health Care Act, including any care, treatment, service or procedure to maintain, diagnose or treat any physical or mental condition as well as consent, refusal of consent or withdrawal of consent to health care. However, this General Durable Power of Attorney For Health Care shall not prevail in case of my condition as set forth in that Living Will Declaration executed by me and to be filed with the State Board of Health. Should I ever be in such a State of Health as described by said Living Will Declaration, I direct that such Living Will Declaration shall take precedence over this instrument and this General Durable Power of Attorney shall be considered subordinate to same.

9. Operate any business or corporation on my behalf in the same capacity as I would have with the same powers and authority possessed by me at that time, including but not limited to exercising stock options and voting all of my shares of stock in said corporation or corporations without the necessity of a proxy and the right to appoint proxies therefore, and possessing all powers that I possess as granted to me by the Bylaws of said corporation or corporations, to incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate or dissolve any business; elect or employ officers, directors and agents; carry out the provisions of any agreement for the sale of any business interest or the stock therein;
10. Commence, prosecute, discontinue or defend all actions or other legal proceedings or remedies touching my affairs or estate or any part thereof as may be deemed necessary by my agent; and to adjust, sell, compromise, settle, and agree for the same, and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same;
11. Borrow any sum or sums of money on such terms and with security, whether real or personal property, as my agent may deem necessary, and to execute all promissory notes, deeds of trust and other instruments which may prove necessary or proper; to borrow against margin accounts on stock and other investments and pledge assets therefore;
12. Engage, employ and dismiss any agents, servants, advisors, including accountants, attorneys or other persons in and about the performance of these duties as my agent shall deem necessary and grant such persons discretionary power;
13. Exercise in my behalf any right of amendment or revocation of any trust or other instrument and to execute and deliver all documents required to evidence same as well as the right to create a trust on my behalf (for example, a revocable trust) and to fund or complete the funding of any such trust created or previously executed by me on my behalf;
14. Receive and receipt for any distribution from any trust under which I am the beneficiary and to withdraw on my behalf any funds or assets held in any trust operating for my benefit, by assignment, conveyance or otherwise;
15. Hold, purchase or invest in my name in "wasting assets" such as life estates or life interests in property and "unproductive assets" such as remainder interests in property if deemed advisable by my agent;

16. This instrument is to be construed and interpreted as a general durable power of attorney, with, but not limited to the full power in my agents to make gifts on my behalf to my wife, children and/or their issue. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my agent. This instrument is executed and delivered in the State of Mississippi and the laws of the State of Mississippi shall govern all questions as to validity of this power and the construction of its provisions;

17. Third parties may rely upon the representations of the agents as to all matters relating to any power granted to them hereunder, and no person who may act in reliance upon the representations of the agent or the authority granted to it shall incur any liability to the principal or his estate as result of permitting the agent to exercise any power.

I direct that the above-related powers and authority of my said agent shall be so exercisable and effective regardless of the fact that I may be mentally or physically incapacitated or incapable of understanding or unable to express myself or act in my own behalf at the time of any action on my behalf by said agent. Such incapacity, whether mental or physical, that I may exhibit shall not in any way interfere with the authority of my agent herein to act fully on my behalf according to the terms hereof. In other words, this Power of Attorney shall not be affected by the subsequent disability, incompetence or incapacity of the principal.

And I do hereby undertake to ratify and confirm, all and singular, the acts heretofore performed and to be hereinafter performed by my said agents, acting in my name and on my behalf.

NOTICE TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document, you should know these important facts:

This document gives the person you designate as the attorney-in-fact (your agent) the power to make health care decisions for you. This power exists only as to those health care decisions to which you are unable to give informed consent. The attorney-in-fact must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agents the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

The document gives your agents authority to consent, to refuse to consent or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any statement of your desires and any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In additions, a court can take away the power of your agents to make health care decisions for you if your agents (a) authorizes anything that is illegal, (b) acts contrary to your known desires, or (c) where your desires are not known, does anything that is clearly contrary to your best interests.

You have the right to revoke the authority of your agents by notifying your agents or your treating doctor, hospital or other health care provider in writing of the revocation.

Your agents have the right to examine your medical records and to consent to this disclosure unless you limit this right in this document.


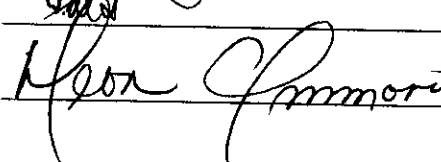
Unless you otherwise specify in this document, this document gives your agents the power after you die to (a) authorize an autopsy, (b) donate your body or parts thereof for transplant or for educational, therapeutic or scientific purposes, and (c) direct the disposition of your remains.


If there is anything in this document that you do not understand, you should ask your lawyer to explain it to you.

This power of attorney will not be valid for making health care decisions unless it is either (a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature or (b) acknowledge before a notary public in this state.

IN WITNESS WHEREFORE, I have executed this General Durable Power of Attorney consisting of (6) six pages this the ____ day of _____, 20____.

WITNESSES:


 _____, PRINCIPAL

ATTESTATION

The hereinafter named Witnesses, each declare under penalty of perjury under the laws of the State of MS that the principal is personally known to us, that the principal signed and acknowledged this durable power of attorney in our presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that we are not the person appointed as attorney-in-fact by this document, and that we are not a health care provider, nor an

employee of a health care provider or facility. We are not related to the principal by blood, marriage or adoption, and to the best of our knowledge, are not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

WITNESSES:

[Signature] of

First Tennessee
3212 Goodman Road E
Southaven MS 38672

[Signature] of

First Tennessee
3212 Goodman Road E
Southaven MS 38672

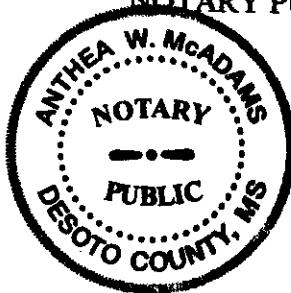
STATE OF MS
COUNTY OF Desoto

PERSONALLY appeared before me this day, the undersigned authority in and for said county and state, on this 17 day of April, 2007, within my jurisdiction, the within named Johnny Tate personally known to me or proved to me by satisfactory evidence to be Johnny Tate who, acknowledged before me that she executed the foregoing General Durable Power of Attorney which consists of seven (6) pages on the day and year therein mentioned. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or influence.

Anthea W McAdams
NOTARY PUBLIC

My Commission Expires:

My Commission Expires
April 2, 2007 2010 awr



ADVANCE HEALTH-CARE DIRECTIVE

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health-care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health-care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may name an alternate agent to act for you if your first choice is not willing, able or reasonably available to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a residential long-term health-care institution at which you are receiving care.

Unless the form you sign limits the authority of your agent, your agent may make all health-care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health-care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;
- (b) Select or discharge health-care providers and institutions;
- (c) Approve or disapprove diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and

(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care.

Part 2 of this form lets you give specific instructions about any aspect of your health care. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, including the provision of artificial nutrition and hydration, as well as the provision of pain relief. Space is provided for you to add to the choices you have made or for you to write out any additional wishes.

Part 3 of this form lets you designate a physician to have primary responsibility for your health care.

Part 4 of this form lets you authorize the donation of your organs at your death, and declares that this decision will supersede any decision by a member of your family.

After completing this form, sign and date the form at the end and have the form witnessed by one of the two alternative methods listed below. Give a copy of the signed and completed form to your physician, to any other health-care providers you may have, to any health-care institution at which you are receiving care, and to any health-care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health-care directive or replace this form at any time.

PART 1

POWER OF ATTORNEY FOR HEALTH CARE

(1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health-care decisions for me:

Mary Ellen Barnes
(name of individual you choose as agent)

4335 Mary Jane Dr. Olive Branch MS. 38657
 (address) (city) (state) (zip code)

(662) 895-9865 (901) 795-6510 CELL (901) 604-6997
 (home phone) (work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health-care decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent)

(address) (city) (state) (zip code)

(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health-care decision for me, I designate as my second alternate agent:

(name of individual you choose as first alternate agent)

(address) (city) (state) (zip code)

(home phone) (work phone)

(2) AGENT'S AUTHORITY: My agent is authorized to make all health-care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration, and all other forms of health care to keep me alive, except as I state here:

I wish to be kept comfortable But choose not to be put on life support

(Add additional sheets if needed.)

(3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health-care decisions unless I mark the following box.

If I mark this box [☒], my agent's authority to make health-care decisions for me takes effect immediately.

(4) AGENT'S OBLIGATION: My agent shall make health-care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health-care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(5) NOMINATION OF GUARDIAN: If a guardian of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as guardian, I nominate the alternate agents whom I have named, in the order designated.

PART 2

INSTRUCTIONS FOR HEALTH CARE

If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out this part of the form. If you do fill out this part of the form, you may strike any wording you do not want.

(6) END-OF-LIFE DECISIONS: I direct that my health-care providers and others involved in my care provide, withhold or withdraw treatment in accordance with the choice I have marked below:

☐ (a) Choice Not To Prolong Life

I do not want my life to be prolonged if (i) I have an incurable and irreversible condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (iii) the likely risks and burdens of treatment would outweigh the expected benefits, or

☐ (b) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

(7) ARTIFICIAL NUTRITION AND HYDRATION: Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in paragraph (6) unless I mark the following box.

If I mark this box [], artificial nutrition and hydration must be provided regardless of my condition and regardless of the choice I have made in paragraph (6).

(8) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

(9) OTHER WISHES: *(If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.)* I direct that:

(Add additional sheets if needed.)

4/12/07
(date)

Johnny Tate
(sign your name)

Johnny Tate
(print your name)

2780 College St. 3101
(address)

Hernando
(city)

MS
(state)

PART 4

CERTIFICATE OF AUTHORIZATION FOR ORGAN DONATION (OPTIONAL)

I, _____, the undersigned, this _____ day of _____, 20____, desire that my _____ organ(s) be made available after my demise for:

- (a) Any licensed hospital, surgeon or physician, for medical education, research, advancement of medical science, therapy or transplantation to individuals;
- (b) Any accredited medical school, college, or university engaged in medical education or research, for therapy, educational research or medical science purposes or any accredited school of mortuary science;
- (c) Any person operating a bank or storage facility for blood, arteries, eyes, pituitaries, or other human parts, for use in medical education, research, therapy or transplantation to individuals;
- (d) The donee specified below, for therapy or transplantation needed by him or her, do donate my _____ for that purpose to _____ (name) at _____ (address).

I authorize a licensed physician or surgeon to remove and preserve the use of my _____ for that purpose.

I specifically provide that this declaration shall supersede any take precedence over any decision by my family to the contrary.

Witnessed this _____ day of _____, 20____.

(Donor)

PART 3**PRIMARY PHYSICIAN****(OPTIONAL)**

(10) I designate the following physician as my primary physician:

Dr. Charles Brown (Desoto Adult Medicine)

(name of physician)

7900 Airways Blvd. Southaven MS. 38671

(address)

(city)

(state)

(zip code)

662. 349-2377

(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)

(address)

(city)

(state)

(zip code)

(phone)

(11) EFFECT OF COPY: A copy of this form has the same effect as the original.

(12) SIGNATURES: Sign and date the form here:

(address) (city) (state) (zip code)

(home phone) (work phone)

(Witness)

(address) (city) (state) (zip code)

(home phone) (work phone)

(Witness)

(address) (city) (state) (zip code)

(home phone) (work phone)

(13) WITNESSES: This power of attorney will not be valid for making health-care decisions unless it is either (a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature; or (b) acknowledged before a notary public in the state.

ALTERNATIVE NO. 1

Witness

I declare under penalty of perjury pursuant to Section 97-9-61, Mississippi Code of 1972, that the principal is personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility. I am not related to the principal by blood, marriage or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

(date)

(signature of witness)

(print name of witness)

(address)

(city)

(state)

Witness

I declare under penalty of perjury pursuant to Section 97-9-61, Mississippi Code of 1972, that the principal is personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility. I am not related to the principal by blood, marriage or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

(date)

(signature of witness)

(print name of witness)

(address)

(city)

(state)

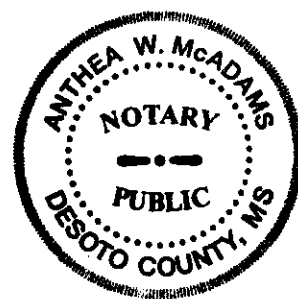
ALTERNATIVE NO. 2

State of MSCounty of Desoto

On this 17 day of April, in the year 2007, before me, Anthea W McAdams (insert name of notary public) appeared Johnny Tate, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Anthea W McAdams
(Signature of Notary Public)

Notary Seal



My Commission

My Commission Expires
April 2, ~~2007~~ 2010

AWM

Expires: _____ My Commission Expires
April 2, ~~2007~~ 2010 *awn*

Addendum to Living Will

This addendum is to provide a directive where in I, Johnny Tate, choose to make it known that my self appointed Agent Mary Ellen Barnes is the sole heir to my estate. It is my directive that no other relative or any children from previous relationships will have any claim to my estate or personal property and effects. It is also my wish that the before mentioned Agent is directed to disburse and or dispose of said personal property as she deems appropriate.

Date

8-2-20

Johnny Tate

Johnny Tate